



SCARAB 2020

SCARAB FLEA MARKET BAZAAR (A.K.A. Dealers Room) Application

Dealer Information

Vendor Name: _____
 Owner: _____
 (Primary contact) _____
 Mailing Address: _____

 E-Mail: _____
 Phone #: (____) _____
 Fax #: (____) _____

Mail Application To:
 SCARAB
 C/O Dealers' Room Coordinator
 243 Ridge Terrace Ln
 Lexington, SC 29073

Business Description: _____

Preferred Method of Payment:

- Cash
- Check
- CC/Debit
- Merchandise
- Convention Gift Certificates

Names for Badges:

1. _____
2. _____
3. _____
4. _____

Write the names for any additional badges on the back of this form.

Table/Space Information

of tables: _____ # of 10'x10' Spaces: _____
 Special Request or special set-up requirements (wall space, electrical outlet, etc.)

Describe Your Set-Up (Height of Displays, # of tables, Banners, Racks, etc):

Have you set up at a convention before (Circle One)? Yes / No

List the merchandise or value of gift certificates:

For more information on SCARAB Gaming Convention visit <http://www.s-c-a-r-a-b.com>.

SCARAB reserves the right to disallow any dealer space without cause or explanation.

I have read SCARAB's dealer agreement and convention rules, understand them and agree to follow them.

 Printed Name

 Signature

____/____/____
 Date